

MENTAL HEALTH UPDATE

August 26, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1945 Vermont State Hospital hired its first social worker. From this limited beginning, social work professionals have played increasingly important clinical, administrative, and leadership roles in mental health.

In the 1960's, the University of Vermont hired its first professional social worker, Margaret Whittlesey, into the home economics program. She pioneered undergraduate social work, which became a free-standing Bachelors program in 1977. A cadre of social workers active in their profession began advocating for graduate-level education in social work beyond existing undergraduate offerings at UVM, Castleton, and Trinity colleges. Adelphi University's School of Social Work in Long Island answered the call and for a decade beginning in the late 1970's Adelphi provided a Vermont-based Master of Social Work program operated on the Trinity College campus in Burlington. The same year, 1978, the Vermont Chapter of the National Association of Social Workers (NASW-VT) was formally incorporated. The presence of the Adelphi MSW program and having a professional organization for social workers helped to grow the numbers and contributions of professional social workers in Vermont. The Licensed Clinical Social Worker (LCSW) designation was established in 1989. By that time, Adelphi had left its mark on Vermont and its departure culminated in UVM establishing an MSW graduate-degree program. Its MSW graduates are today working throughout Vermont in the mental health system.

ADULT MENTAL HEALTH & FUTURES

Transformation Council – (Futures)

Members of the Transformation Council discussed the implications for patient safety and the environment of care at Vermont State Hospital following CMS's recent denial of the application for Certification. Commissioner Michael Hartman reviewed many of the key events and initiatives that have taken place in the past six years to address issues of concern for the right of patients to a safe hospital setting, active treatment, and climate that supports recovery. Engagement with CMS, the federal agency that certifies hospitals nationally, has helped to bring about major improvements and investments in the VSH facility and operations all of which were designed to increase quality of care. The Department of Justice and the Joint Commission have noted the progress made at VSH toward meeting their standards. The Joint Commission accredited VSH in 2008. That same year, DMH began its application to CMS for certification. After Commissioner Hartman reviewed CMS survey findings, including the most recent problem of VSH documentation of prohibited items found in a patient's room, members of the Transformation Council discussed the dilemma of how best to minimize the risk of re-occurrence without creating an environment antithetical to a respectful and engaging relationship with patients. Suggestions from the Council were to establish a uniform, baseline standard of oversight of patients' belongings that is fair and just while reserving a more rigorous standard temporarily for an individual patient if warranted due to higher risk factors. Also, informing patients in advance if necessary to do a more sweeping search and why. DMH has sought to obtain greater clarity of CMS rules through contact with officials at the regional and national levels, and plans to appeal denial of the Certification. The fairness and consistency with which CMS conducts its certification process is a concern to DMH given the experiences of other states where system failures have not resulted in denial of certification.

SRR Architectural Design Planning Meeting Scheduled for August 31 - (Futures)

The fifth architectural planning meeting for the Secure Recovery Residence will be held Monday, August 31 from 10:00 a.m. to 1:00 p.m. in Stanley Hall, Room 100, at the Waterbury State Office Complex. This meeting, which is open to the public, will address model confirmation decisions required to begin the schematic design process. The minutes of the August 4th meeting can be found at http://mentalhealth.vermont.gov/sites/dmh/files/FuturesSRR/DMH-Futures_SRR_Minutes_Aug_2009.pdf

CHILDREN'S MENTAL HEALTH

Success Beyond Six Training Event

The *First Annual Success Beyond Six Behavior Interventionist (BI) and Clinician Conference* was held August 18 and 19 in Montpelier. This conference was sponsored by the Vermont Council of Developmental and Mental Health Services, their agency members, and the Department of Mental Health. The conference was designed to meet the training requirements for the *Behavior Interventionist Minimum Standards* developed this past year. Behavior Interventionists work with individual children and youth in schools to address their mental health needs and increase the child/youth's opportunities and abilities to access and benefit from their education.

The conference was well attended by at least 290 Behavior Interventionists and the clinical staff associated with the programs. All 10 designated agencies participated, and it was a great opportunity for networking, hearing about other programs and learning about clinical issues such as trauma, dual diagnosis, collecting data, applied behavioral analysis, and ethics. The Department of Education played a role in the training regarding special education and the evidence-based practice of Positive Behavior Supports. In addition, the Department for Children and Families' Division for Family Services conducted a breakout session regarding mandated reporting and differential response. Given the positive feedback and excitement about learning and networking, this may become a yearly event.

Governor Appointed Boards at Work

Both of CAFU's Governor-appointed Boards remain hard at work this summer.

- **The Act 264 Advisory Board** has completed interviewing a round of applicants for open positions and will forward its recommendations to the State Interagency Team and then Commissioners for review before they proceed to the Governor's office for consideration and selection. The Advisory Board also had an hour long conversation with Suzanne Santarcangelo, Director of AHS Health Care Operations, Compliance, and Improvement, about the AHS Children's Integrated Services initiative (CIS). The Board strongly supports two key concepts of CIS: (1) moving away from a model of services delivered through a series of "silos" with tricky eligibility "gates" and toward a coordinated service plan with families, and (2) moving toward a public health model with more emphasis on prevention and early intervention to help turn downward the projected curve of increasing need and costs for children requiring intensive services.
- **The State Program Standing Committee** met with Brian Remer of the Center for Health and Learning in Brattleboro; he is the project manager and trainer for the Youth Suicide Prevention grant. Brian noted that there is an average of 83 completed suicides by Vermonters of all ages every year; this is one every four days. In the United States, a person dies by suicide every 16 minutes. These deaths are avoidable. The grant will work to increase public awareness of (1) the warning signs and (2) where to turn for help. One of the activities fostered by the grant will be the upcoming national walk *Out of the Darkness* sponsored by the American Foundation for Suicide Prevention (AFSP). The Vermont walk will be on October 3 at Battery Park in Burlington. Registration is at 9:00 am; the walk begins at 10:30. People are encouraged to just take part and help to increase awareness or to collect or offer donations for walkers. Proceeds support the AFSP's research and educational programs to prevent suicide.

Transition Grant: Regional Plans and Evaluation

At long last, the regional plans for Youth in Transition (YIT) are starting to arrive! The first one submitted is from Addison County. The State Operations and Outreach Team is very lucky that its members from the Department of Corrections, Department of Labor, Division of Vocational Rehabilitation, Division of Family Services, and possibly the Court Administrator's Office are able and willing to join in review of the plans. The State Team has an agreed-upon review sheet and process for analyzing the regional plans and deciding whether they are ready for funding. The process will include dialogue (if

possible, on site in the regions) between representatives of the State Team and the regional planning teams to discuss any suggestions and concerns.

The YIT Evaluation Team from the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont (UVM) has refined its approach to the evaluation, which will consist of four components:

1. a federally-required Common Study that collects demographic and descriptive information on all (goal = at least 908) young adults aged 16 - 21 who receive any grant-funded services;
2. a Vermont Study which pays young adult volunteers (goal = at least 688) \$10 for each of three one-hour interviews (at the start of services, 6 months later, and 12 months later) to learn about their strengths, emotional and behavioral problems as measured by the ASEBA [the Achenbach System for Empirically Based Assessment], trauma symptoms, substance use, healthcare coverage and utilization, as well as caregiver strain for their parents or other adult allies.
3. the federally-required National Study which pays young adult volunteers (goal = at least 220) \$20 for each of five three-hour interviews (at the start of services, then at 6, 12, 18, and 24 months later) to learn about even more than in the Vermont Study, including their education, living situation, delinquent (criminal) behaviors, and their perspectives about services.
4. a federally-required Services and Cost Study that relies on administrative data from the service providers.

The Evaluation Team consists of Drs. Tom Delaney, Jody Kamon, and Jesse Suter. They will be explaining all of this to the regions during technical assistance conference calls to be held 2:30-3:30 p.m. on August 27 and September 10. If you wish to learn more, call in! Check with Brenda Bean, Project Director, about the conference call numbers by phoning or e-mailing her at 802-229-1310 or BrendaJBean@comcast.net.

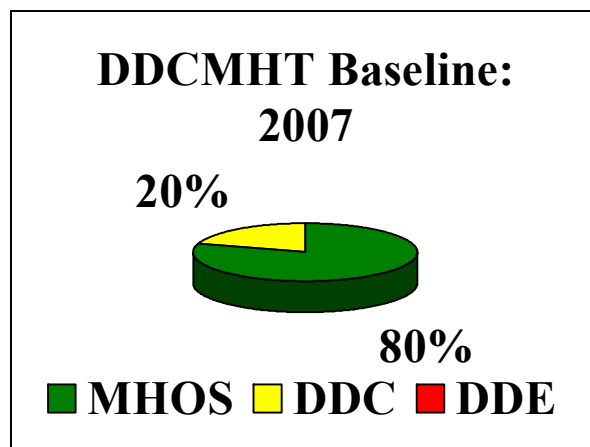
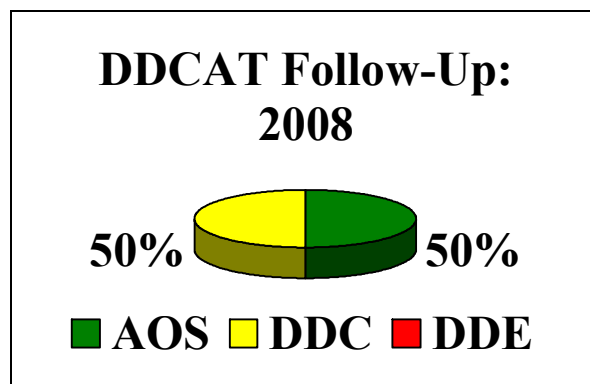
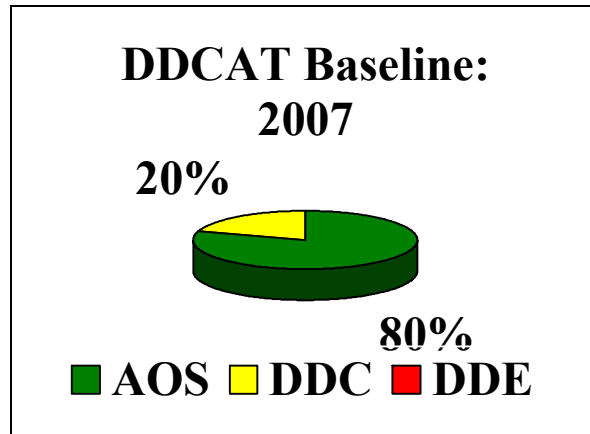
VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

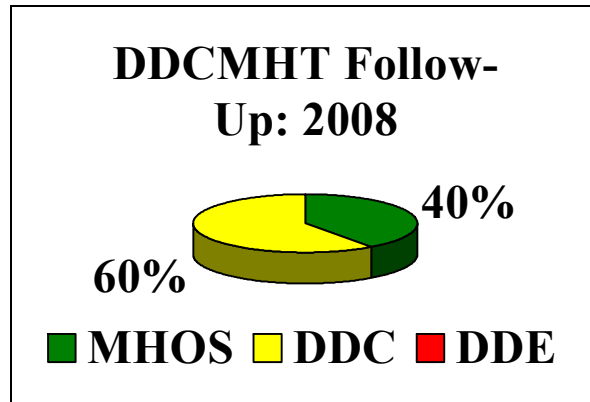
Has there been any progress?

An integrated treatment approach co-occurring mental health and substance use disorders has been demonstrated to result in better outcomes for the individuals served. VISI has been working with over 20 programs in Vermont to improve their capability to provide effective services for individuals with co-occurring disorders. Several measures have been used to objectively determine this capability in our service providers, including the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index for substance treatment providers and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index for mental health service providers.

These tools categorize programs as Addiction Only Services (AOS), Mental Health Only Services (MHOS), Dual Diagnosis Capable (DDC), or Dual Diagnosis Enhanced (DDE).

The fidelity scores for both the addiction treatment providers (DDCAT) and the mental health service providers (DDCMHT) demonstrate significant improvement in capability to effectively treat individuals with co-occurring substance use and mental health disorders. (4 pie charts)





VERMONT STATE HOSPITAL

Addition to VSH Medical Staff

It is with great pleasure that we welcome the addition of Dr. Pelletier to the VSH medical staff, effective August 21st. Dr. Pelletier is a dual board-certified (General psychiatry and forensic psychiatry) physician, who received her medical school education in Washington State and Alaska, followed by residency training at Fletcher Allen HealthCare. Dr. Pelletier is often commended for her excellent clinical skills, patient-oriented treatment focus as well remarkable work with families. It's these and many other talents that make Dr. Pelletier an invaluable asset to Vermont State Hospital.

Please join me in welcoming Dr. Pelletier to VSH.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Monday. The average census for the past 45 days was 49.